

TennCare is Tennessee's managed care Medicaid program which provides health insurance coverage to certain groups of low-income individuals such as pregnant women, children, caretaker relatives of young children, older adults, and adults with disabilities.

TennCare History

Then

Volatile, inexperienced, non-accredited health plans* operating in some or all regions of the state

Fragmented health care system; some members interacted with up to 5 different entities to access care

Rapidly escalating costs with medical trend at more than 13.5%

Now

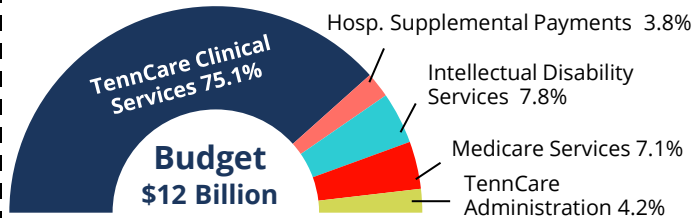
Stable, experienced, quality-accredited health plans* operating statewide

Integrated health care delivery system; single entity responsible for coordinating care

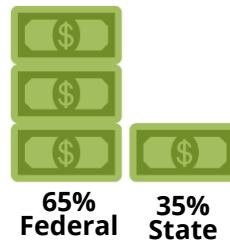
Significantly reduced cost trends; medical trend below 4.5% for the past 5 years

* TennCare uses Managed Care Organizations (MCOs or health plans) to manage and coordinate care for members.

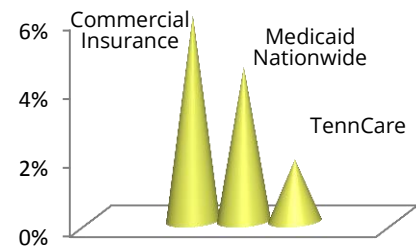
TennCare Finances



Funding



Medical Trend



Program Snapshot

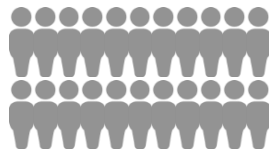
53%

TennCare pays for more than 50 percent of births in the state



TennCare Health Plans

BlueCare and TennCare Select
United Community HealthCare
AmeriGroup



1,446,799

Approximately 1.4 million Tennesseans are enrolled in the TennCare program

That's more than **20%** of the state's population

14,700
Providers accepting new patients

754,000
Prior authorizations reviewed

1.1M
Customer service interactions with providers

25 million

Claims processed

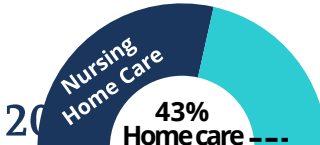
92,000
Members receiving case coordination/case management

84,000
CHOICES members visited in their homes

1,300
Community Events hosted

Figures updated April 2018

Rebalancing Services for Older Adults and Adults with Physical Disabilities



More individuals needing long-term services and supports (LTSS) are choosing to be served in the home and community rather than in a nursing home.

95% Satisfaction Rate

TennCare has scored 90% or better on the annual satisfaction survey conducted by the University of Tennessee for the past 9 years.

Improved Quality

✓ Out of 47 HEDIS quality measures tracked since 2007, 81% have shown improvement over time.

✓ TennCare has the highest quality scores among the 11 states in the southeast region.

✓ All TennCare health plans are accredited by the National Committee for Quality Assurance.

✓ TN ranks in the top five states for increasing rebalancing for LTSS towards in-home care.

TennCare – Tennessee’s Managed Care Medicaid Program

TennCare is Tennessee’s Medicaid program which provides health insurance coverage to certain groups of low-income individuals such as pregnant women, children, caretaker relatives of young children and older adults and adults with disabilities. TennCare operates with an annual budget of approximately \$12 billion. TennCare provides health coverage to approximately 20 percent of the state’s residents and 50 percent of the state’s children. Current enrollment is approximately 1.4 million Tennesseans.

TennCare provides health insurance coverage through the use of managed care. While many states use managed care, TennCare is currently the only state that enrolls its entire Medicaid population into managed care. Our experience has shown that managed care allows for better coordinated, more efficient, and higher quality care. It also reduces avoidable emergency room visits and hospital stays.

TennCare contracts with three health plans – also called Managed Care Organizations (MCOs) – to manage and coordinate care and maintain a network of health care providers for TennCare members. TennCare’s health plans are AmeriGroup (part of Anthem), BlueCare and TennCare Select (part of BlueCross and BlueShield of Tennessee), and UnitedHealthcare Community Plan (part of UnitedHealthcare). Pharmacy services are provided by Magellan Health, and dental services for TennCare’s more than 850,000 children (under age 21) are provided by DentaQuest.

TennCare was the first state in the country to require its health plans to be NCQA accredited. NCQA or the National Committee for Quality Assurance is an independent, nonprofit organization that assesses and scores health plan performance in the areas of quality improvement, utilization management, provider credentialing and member rights and responsibilities.

TennCare also contracts with an independent third party to track the satisfaction of TennCare members. Satisfaction ratings have been above 90% since 2009.

In 2010, the TennCare CHOICES in Long-Term Services and Supports (LTSS) program was implemented. This fundamentally changed the way LTSS were delivered to older adults and adults with physical disabilities by allowing more members to receive services in the home and bringing LTSS into the managed care model. This program has been recognized nationwide as an example of how giving those in need of LTSS more choice can lead to better quality of life for members while at the same time reducing the per person cost of care. In 2016, the Employment and Community First CHOICES program launched providing supports for people with intellectual and developmental disabilities targeted to employment and independent community living.

TennCare is constantly working on ways to improve services and reduce costs. One project that is currently getting a lot of attention is payment reform. TennCare has obtained a federal grant to develop models that promote quality of care delivered rather than number of procedures billed.

Individuals can apply for TennCare online at www.healthcare.gov, or by calling 1-800-318-2596. Individuals applying for long-term services and supports (LTSS) can find out how to apply at <http://www.tn.gov/tenncare/topic/how-to-apply-ltss>. Eligibility information can be found at <http://www.tn.gov/tenncare/article/categories>.

